

PAID SOLICITOR REGISTRATION STATEMENT

INSTRUCTIONS:

Submit completed Paid Solicitor Registration Statement, fully executed Bond Form (form CPC-57), attachments and check in the amount of \$500.00 made payable to *Department of Consumer Protection to: Public Charities Unit, c/o Office of the Attorney General, 55 Elm Street, P.O. Box 120, Hartford, Connecticut 06141-0120.*

1. Is the paid solicitor now or has the paid solicitor ever been registered under the Connecticut Solicitation of Charitable Funds Act? ☐ Yes ☐ No
If yes, state the Connecticut Paid Solicitor Registration Number: _____ - _____
 2. Provide the full legal name and mailing address of the paid solicitor:
Name: _____
Address: _____
City, State & Zip Code: _____
 3. Telephone Number () _____ - _____ Fax Number () _____ - _____
 4. **Attach** a list of: (a) the names, residence addresses and titles of all officers, directors and
(b) persons or entities with a 25% or more ownership interest in the paid solicitor
 5. Have any of the persons listed in response to number 4 ever been convicted by a court of any state or the United States of any felony, or of any misdemeanor involving dishonesty or arising from the conduct of a solicitation for a charitable organization or purpose? ☐ Yes ☐ No
If yes, **attach** a detailed explanation.
 6. The paid solicitor is a (check one): ☐ corporation ☐ partnership ☐ individual
☐ limited liability company ☐ other (describe) _____
The paid solicitor was organized in the year _____ under the laws of the State of _____.
 7. Is the paid solicitor registered in other states to solicit funds? ☐ Yes ☐ No
If yes, **attach** a list of those states.
 8. Has the paid solicitor's right to solicit funds ever been denied, suspended, revoked or enjoined by any state agency or by any court, or are there such proceedings pending? ☐ Yes ☐ No
If yes, **attach** a detailed explanation.
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CERTIFICATION

I hereby certify under penalty of false statement that I am authorized to sign this document on behalf of the paid solicitor and that the information provided is true and complete to the best of my knowledge.

Signed: _____

Date: ____/____/____

Print name: _____

Title: _____